

**WPE TRADITIONAL HMO/CLASSIC STANDARD  
PLAN PGM OPT P02 & SRCHG S01  
2005 MONTHLY COVERAGE REPORT**

Employee Trust Funds Group Health Insurance  <b>WPE TRADITIONAL HMO/CLASSIC STANDARD PLAN PGM OPT P02 &amp; SRCHG S01 2005 MONTHLY COVERAGE REPORT</b>		Employer No. (EIN) 69-036-	Deduction Month	Coverage Month	Suffix
		Employer Name			Group No.
		Single Contracts		Family Contracts	
1. Contracts in Effect Last Month:					
2. Additions Report: (+)					
3. Deletions Report: (-)					
4. Changes Report: "To" (+)					
5. Changes Report "From": (-)					
6. Contracts in Effect This Month:					
7. Plan	Suffix				
Standard – Dane	.A1	979.40		2392.80	
Standard – Milwaukee	.A2	1060.70		2596.10	
Standard – Waukesha	.A3	1060.70		2596.10	
Standard – Wisconsin	.A4	919.40		2242.90	
State Maintenance Plan (SMP)	.A5	644.40		1545.10	
CompCareBlue Southeast	.11	519.70		1280.80	
CompCareBlue Northwest	.13	520.80		1283.50	
CompCareBlue Northeast	.14	500.40		1232.60	
Dean Health Plan	.15	367.40		900.10	
CompCareBlue – Aurora/Family	.16	479.60		1180.60	
Humana – Eastern	.21	534.00		1316.60	
Humana - Western	.22	575.40		1420.10	
GHC - Eau Claire	.30	547.70		1350.80	
GHC - South Central	.35	378.50		927.80	
Gundersen Lutheran	.37	505.40		1245.10	
Atrium Health Plan	.39	577.60		1425.50	
Unity – Community	.40	459.80		1131.10	
Prevea Health Plan	.47	478.70		1178.30	
Health Tradition	.55	503.50		1240.30	
Medical Associates HMO	.63	431.60		1060.50	
MercyCare Health Plan	.64	387.10		949.30	
Valley Health Plan	.65	521.80		1292.80	
Network – Fox Valley	.70	490.50		1207.80	
Physicians Plus	.74	379.10		929.30	
Unity - UW Health	.92	369.20		904.60	
UnitedHealthcare	.94	419.20		1029.50	
8. Subtotals (No. of Contracts x Premiums)		8a		8b	
A. Employee Share = _____		(Line 8a + Line 8b) 9. Subtotal			
B. Employer Share = _____		10. Adjustments			
C. Total* (Lines A + B) = _____		(Line 9 + Line 10) 11. Grand Total*			

\* NOTE: Figure entered on line C must equal figure entered on line 11.

\*\* NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/CCYY)	Prepared By	Telephone
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Check the type of employer contribution: ☐ Tiering ☐ 105%